

**KENTUCKY BOARD OF LICENSURE
OF MARRIAGE AND FAMILY THERAPISTS**
(502) 564-3296 ext. 239
PO Box 1360
Frankfort, KY 40602

ASSOCIATE PERMIT RENEWAL FORM

Your Associate Marriage and Family Therapist permit expires on the date stated above. In accordance with KRS Chapter 335.330 through 335.399 and regulations governing this profession, you are required to renew your permit each year (maximum of three years) with the submission of this form, a renewal fee of \$25.00 by check or money order made payable to the **Kentucky State Treasurer**. Please list on the back of this form the hours of supervision obtained, including your supervisor's name, signature, and dates. **This renewal form and the fee MUST be received by the Board on or before your expiration date indicated above or your permit will be automatically terminated.**

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Note changes in **Mailing Address** if different from above:

Name: _____

Address: _____

E-Mail Address: _____

2. Present Business Address:

3. Home Phone () _____ Business Phone () _____

4. Permit Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your permit? ____Yes ____No

If yes, what offense and give details _____

6. Has your Permit to be an Associate Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? _____ Yes _____ No. If yes, give details,

CERTIFICATION AFFIDAVIT

I, the permit holder named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my permit could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.

Date _____ Applicant's Signature _____

(Sign your name - Do not print or type)

Please complete the form below INCLUDING COMPLETE NAME OF SUPERVISOR, SUPERVISOR'S SIGNATURE, DATE, AND HOURS OBTAINED. Incomplete forms will be returned:

Supervisor	Dates	Hours Earned	Supervisor's Signature

Do Not Write Below This Line--For Board Use Only

APPLICATION REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Application Deferred by: _____ Date: _____

Resubmitted for review: Approved: [☐] Denied: [☐] By: _____

Date: _____

Comments: _____

